MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12510 STATE FILE NUMBER 62-048347

FILED JAN 10 1963 SL-592 XC*8 994 216

DO NOT WRITE ON THIS STUB — AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. — BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b: 114 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VAH, 915 N. GRAND AVE.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. CHARLES
c. CITY OR TOWN PORTAGE DES SIOUX
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): ROUTE 1
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LUCIEN Middle GAGNON Last
4. DATE OF DEATH: Month 12 Day 27 Year 62

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/7/21
9. AGE (last birthday): 41
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNEMPLOYED
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): LEWISTON, MAINE,
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: WILFRED GAGNON
13b. MOTHER'S MAIDEN NAME: ROSE ALMA DUBORD
14. NAME OF HUSBAND OR WIFE: GRACE GAGNON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of servi) WW-II
16. SOCIAL SECURITY NO.
17. INFORMANT Address: GRACE GAGNON (WIDOW) SEE #2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): HEPATIC FAILURE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CIRRHOSIS OF LIVER
DUE TO (c): 581.0
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/4/62 to 12/27/62 and last saw him alive on 12/27/62
Death occurred at 10:40 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): ANDREW W. MC ROBERTS M.D.
22b. ADDRESS: VAH, ST. LOUIS, MO.
22c. DATE SIGNED: 12/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Dec.31,1962
23c. NAME OF CEMETERY OR CREMATORY: St. Francis Cemetery
23d. LOCATION (City, town, or county) (State): Portage des Sioux,Mo.

24. FUNERAL DIRECTOR ADDRESS: H.C.Dallmeyer & Sons,St.Charles,Mo.
25. DATE RECD. BY LOCAL REG.: DEC 28 1962
26. REGISTRAR'S SIGNATURE: Roan Smith, M.D.

JAN 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Charles J. Nacke

Licensed Embalmer No. 4530

P. O. Address St. Charles, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.